

BOROUGH OF MARGATE.



ANNUAL REPORT

OF THE

School Medical Officer.

1918.

Margate :

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To the Chairman and Members of the Education Committee.

LADIES & GENTLEMEN,

I beg herewith to present the Report on the Medical Inspection and Treatment of Children attending the Elementary Schools for the year ending 31st December, 1918, together with the Report of the School Dentist and the Ophthalmic Surgeon.

Mr. A. J. Haddock, the Dental Surgeon, joined H.M. Forces in August last, and Mr. C. Rudolf, L.D.S., a private practitioner in the town exempt from Military Service, volunteered to act as his deputy.

It is with much regret that I have to record the death of your School Nurse, Mrs. Cherry, which took place in November.

Nurse Walton, who was acting temporarily during Mrs. Cherry's illness, has been formally appointed whole-time School Nurse by the Committee.

In spite of these changes, the School Medical Service has been fully maintained throughout the year.

I gratefully acknowledged the cordial support of the Chairman and Members of the Children's Care Committee and the harmonious co-operation and help of the Head Teachers.

I beg to remain,

Ladies and Gentlemen,

Your obedient Servant,

ROWAN McCOMBE.

School Medical Officer.

January, 1919.

REPORT.

MEDICAL INSPECTION.

The Medical Inspection included the examination of Entrants, Leavers, and children aged 8 to 9 years of age. It will be noted, therefore, that the Examination of the children has not been curtailed, although, owing to the temporary removal of many families from the town and irregular attendances due to air raids in the beginning of the year and the Influenza Epidemic during the latter part of the year, it has been most difficult to get all the children in the different groups examined and to keep them under supervision for treatment. For this reason the number is somewhat small in comparison with the number of children on the Register, but I have satisfied myself, after repeated visits to the different schools, that the children who did not come at some time or other during the year under medical supervision are comparatively few.

The number of Special Cases examined at the Schools and at the School Clinic shows a definite increase every year, and is accounted for by the steadily growing interest taken by the teachers and parents in the health of the children. Many of these children have no obvious disease or defect, but the parents want to know if they are "all right," which is a step in the right direction.

CLOTHING AND FOOTGEAR.

The clothing and footgear of the children were on the whole very satisfactory. Three children or .35 per cent. were considered insufficiently clad, 13 or 1.5 per cent. with very bad boots, as compared with .12 per cent. and .64 per cent. last year. It is interesting to record that the children are better off in this respect than they were in 1914, when there were .99 per cent. with insufficient clothing and 2.74 per cent. with bad footwear. Considering the present price of clothing and boots, this is very creditable to the parents.

NUTRITION.

Only 9 or about 1 per cent. of the children appeared to be badly nourished, and in no case could it be found to be the fault of the parents. Of course, as I pointed out in previous reports, one sees a good number of children who are under-sized and under weight, small-boned, and in every respect diminutive; but when they are undressed they are seen to be well covered with firm flesh, and no one could say they were ill-nourished. They are simply the progeny of small parents.

These remarks as to the nutrition of children appear to be universal all over the country, and is a highly creditable state of affairs after over four years of war. In Margate we are greatly indebted to the Penny Dinners, the Soldiers' and Sailors' Families Association, the Prince of Wales' Fund, and other Philanthropic Institutions for filling the breach on many occasions. The School Medical Service (and in this category I include the Head Teachers) has been instrumental in getting relief for children, in many cases of illness, who would otherwise undoubtedly have suffered through privation.

UNCLEANLINESS.

Forty-two children (chiefly girls) had nits in their hair, and five with pediculi; three children had dirty bodies, and one with pediculi. I do not include fleas or fleabites in the above category. It is curious to note the tolerance of the children to these insects, and the utter indifference of the parents. "It is only a flea," is the usual expression, as if it were the commonest and most harmless thing in the world. I think time will show that fleas are responsible for the spread of many diseases, such as Scarlet Fever, and that they are not quite so harmless as they look.

The School Nurse visits the schools at the beginning of each term, and examines every child. Re-visits are afterwards paid to examine the children found dirty. On these visits 120 children were found to be suffering from verminous heads, and 160 with nits. This sounds rather deplorable, and, indeed, it is. It is quite conceivable that the parents of these children are verminous and that the children sleep in dirty beds. Until these two facts are remedied it will be impossible to expect the children to keep themselves clean. The parents (some of them) will not take the trouble to keep either themselves, their children, or their houses clean unless compelled to do so.

At the beginning of each term we have a number of children who return dirty; by the end of the term they are clean, or fairly clean, and so the routine goes on from term to term and from year to year. We ought to strike at the root of the evil, viz., the dirty houses.

At the present time we are under-staffed at the Health Department, and the very necessary visiting of these cases cannot be undertaken, except in a precarious manner. Until this fact is realised, the children will have to go on suffering, very often the unguilty for the guilty.

Warning notices to cleanse the children forthwith were sent to the parents in every case of nits, and those with vermin were excluded from school until clean. Refusal to comply fully was only met with in two cases, and these parents were prosecuted under the Attendance Byelaws.

As there appears to be a good deal of misunderstanding about this procedure, both in Court and out of Court, I would like to state that, "where children have been excluded from school on account of verminous conditions or other defects, and no steps have been taken to remedy the defects," the Local Education Authority have power to take proceedings against the parents or guardians, it being assumed that the presentation of a child in an unclean or otherwise unfit condition is equivalent to non-attendance at school.

The parents pleaded guilty in both the above cases, and were fined one pound and ten shillings respectively. Since that time they have kept their children clean.

EMPLOYED CHILDREN.

I have given special attention at the routine medical inspection and by special examination to the children who are employed.

Some of the powers under the new Education Act of 1918 came into force on August 8th, 1918, and are as follows:—(1) To investigate and obtain particulars of a child's employment from his parents or employer; (2) To prohibit or restrict injurious employment or such as renders the child unfit to obtain proper benefit from his education; and (3) To prosecute employers contravening the Act in this respect.

Five years ago, when I presented a Special Report to the Committee on this subject, it was found in several instances that boys were over-worked, that they had to work very long hours for very little pay, and that they were very often late for school.

The Attendance Officer was authorised to issue warnings to the parents and employers with very gratifying results; in fact, I have not come across any boy since then who was suffering any ill-effect from over-work or long hours, except that they are frequently late for school. This latter offence will no doubt receive the attention of the Attendance Committee.

It will be my duty, very shortly, to make a Special Examination and Report upon the condition of employment of all children of school age, and its effect on their health.

FOLLOWING UP.

In cases of defects or illness, the School Nurse visits the child's home, and the child is kept under observation and re-examined at intervals, either at the School or the Clinic. In this manner all the ailing children are carefully watched until the defect is either remedied or cured. I must say, on the whole, the parents readily seek medical advice. A great number of the children are in Juvenile Clubs, but for those who are not in Clubs I have very little difficulty in getting them to come to the School Clinic if the parents are unable to pay for medical advice.

The fact must be emphasized that the Clinic is not for the treatment of children whose parents can afford to pay.

The trouble arises where the parents want to keep their children at home, and tell the School Attendance Officer that they are not well, or have got a cold or something. They know if they send the child to the Clinic they will not get an exemption certificate, and they will not call in a doctor, for the simple reason that the child is not ill.

I have little doubt that the attendances lost from this cause alone during the year are very large.

I am afraid, under present circumstances, you cannot ask your School Medical Officer to visit all these cases. It would be the thin edge to a Public Medical Service, which, I am afraid, would meet with a good deal of adverse criticism and resentment by my medical colleagues; but, in my opinion, better supervision of those children who are absent from school without a medical certificate is urgently called for, and I would welcome a closer co-operation between the School Attendance Officer and myself.

Firstly, they may be suffering from an infectious disease, and return to school in an infectious state; secondly, they may be without boots, and unable to go out; thirdly, which is the most common, they may be kept at home to mind the younger children while the mother goes out to work. Whatever the circumstances, it is the child that suffers, physically and educationally.

INFECTIOUS DISEASES.

There was no special epidemic of Infectious Disease (except Influenza) during the year. A few cases of Measles occurred during January and February, which was practically the clearing up of the epidemic of the preceding year.

Diphtheria and Scarlet Fever were also more or less prevalent during the whole of the year, but not by any means epidemic.

The Schools were all thoroughly sprayed with Formaldehyde several times, and extra scrubbing and cleaning carried out by the Caretakers.

INFLUENZA.

It is not possible to say how many children suffered from Influenza during the epidemic which prevailed in the Autumn, but I estimate

the number at about 60 per cent. We were obliged to close New Cross Schools and St. Austin's for 14 days on account of the illness of the Teachers, but we did not think that any wholesale closing of the Schools was desirable in the interest of the children, who were better off at school than running about the streets or crowded round a fire at home.

Leaflets were distributed at the schools and in the town generally on the Care and Prevention of the disease, and the School Nurse or myself visited the Schools practically every day during the height of the epidemic and excluded the children who appeared to be unwell. I am preparing a full report on the epidemic, which will be issued in my Annual Report as Medical Officer of Health.

MENTALLY DEFECTIVE CHILDREN.

As I have pointed out in my previous reports, we do not appear to have many mentally deficient children at the Schools.

Personally, I only know one boy, whom the Children's Care Committee have been trying to get into a "Special School," but, unfortunately, it seems impossible to find a vacancy.

There are, however, a large number of children who are very backward; possibly some of them might be classified as high-grade mentally defectives. It is a pity these children cannot be classified and taught in a separate school or class, as I feel certain many of them are capable of improvement by special and individual attention. This question has been discussed by the Committee on frequent occasions. It is simply a matter of extra teachers and more accommodation; but we cannot afford to ignore the fact that if these children were mentally trained to their fullest capacity they will be an asset to the nation, and able to earn a decent livelihood, whereas if they are allowed to pass out of school mentally subnormal, as they are at present, many of them only earn a precarious living and ultimately become a burden on the rates. The mental training of the child is just as important as the physical; in fact, both ought to go hand in hand.

TUBERCULOSIS.

I only saw one child with Pulmonary Tuberculosis, and he was under the care of a doctor in the town and the Tuberculosis Officer; he was excluded from school. Another child showed signs of consumption, and she was put to be in an airy room and given milk and cod liver oil; in about six weeks all the physical signs had cleared up, and she is now quite well. I have had no notifications of Consumption among children from medical practitioners, except the above case, so, as I have pointed out in previous reports, it would appear to be a rare disease among Margate children.

OTHER DISEASES AND DEFECTS.

I have no special remarks to make in reference to the other ailments met with at Medical Inspection. The Tables at the end of the Report explain very lucidly the nature and number of defects, the number who received treatment, and the result of treatment. Mere recapitulation would serve no useful purpose.

HEIGHT AND WEIGHT.

The Height and Weight of the children vary very little from year to year, but I notice, and record the fact with particular interest, that the children are taller and weightier than they were in 1910, and even

a little better as a whole than in 1914. Margate children (taken collectively) are not as tall or as well nourished as those in the Rural Districts of Kent, but the difference is very slight, only amounting to an inch or two in height and about 2lbs. in weight.

INFANT WELFARE AND MOTHERCRAFT CENTRE.

The Mothercraft Centre still continues its useful work, although the attendances are rather less than last year on account of the number of families who have left the town, but we still have an average of between 20 and 30 Mothers and about the same number of babies. The Council has hired an extra room at the residence of the Health Visitor, which is used partly as an office and partly as a consulting-room.

I attend there every Wednesday morning (in addition to the usual Monday afternoon attendance at the Mothercraft Centre), and generally see three or four babies. It is hoped in time to develop this scheme on the same lines as the School Clinic. The Health Visitor visits all the children or as many as she can up to five years of age, and reports to me cases of illness not receiving proper attention, insanitary conditions in the home, etc., etc.

Lectures are given every Monday afternoon on different subjects relative to the health of mothers and children. The babies are weighed and a weekly record kept of their progress.

Literature is distributed free, and a needlework stall is kept well stocked with useful modern garments for babies, which the mothers can buy at practically cost price. I see all the babies collectively, special attention being given to the weak and ailing ones.

Virol and in many cases Milk and Lactogal are given to the mothers who are in necessitous circumstances. Tea is also provided for the mothers and Milk for the children at a penny per cup.

REPORT ON SCHOOL CHILDREN FOR 1918.

(IN CONNECTION WITH EYESIGHT, ETC.).

During the past year I examined 53 children from the various Schools for defective vision and diseases of the eye and eyelids. Of this number 30 were girls and 20 boys:—

				Boys.	Girls.
The Dane	...	...	...	4	4
Salmestone	...	...	...	0	4
Holy Trinity	...	...	...	4	6
St. John's	...	...	...	2	4
New Cross	...	...	...	3	11
St. James'	...	...	...	3	2
St. Austin's	...	...	...	4	2
				—	—
Totals	...	...	...	20	33
				—	—

Herewith I append another table showing the diseases and defective vision of both boys and girls in the different Schools, treatment and results :—

DISEASES AND DEFECTS.	GIRLS.	Boys.	TREATMENT &c.
Myopia (shortsight) ...	13	6	Glasses suited
Hypermetropia (farsight)	4	2	, ,
Hypermetropia with Squint	10	5	, ,
Myopia and Astigmatism ..	1	2	, ,
Hypermetropia and Astigmatism	0	2	, ,
Asthenopia (weak sight) ...	1	0	General Tonics
Amblyopia (no sight) ...	0	1	None
No appreciable disease ...	1	0	,
Catarrh of Eye	1	0	Application of Drops
Cataract (congenital) ..	0	1	Operation
Opacity of Cornea	0	1	Application of Drops
Blepharitis (after measles)	2	0	Application of Ointment
	33	20	

I regret to add that I shall miss very much the co-operation of Nurse Cherry, whose death has caused a sad loss to the children, and who was a capable and kind nurse.

T. H. POPE, M.D., F.R.C.S., Ed.,

Ophthalmic Surgeon.

January, 1919.

THE DENTAL CLINIC.

The enclosed abstract of the result of the examination and treatment of Teeth at the School Clinic shows favourable progress during 1918. It will be noticed that no figures are given for New Cross Street and St. Austin's; these two Schools being now under treatment, the figures for same will be included in next year's report.

I have carried on the work of the Clinic during Mr. Haddock's absence in the Army, obviously too short a time for me to be able to give you comparative figures, but, at the same time, I have pleasure in stating that, under Mr. Haddock's care, the condition of the children's teeth compares very favourably with that met in children in one's private practice.

C. ROBERT RUDOLF.

BOROUGH OF MARGATE SCHOOL CLINIC.

Dental Treatment.

Abstract of Result of Examination and Treatment.

YEAR ENDING DECEMBER, 1918.

SCHOOL.

	St. John's	New Cross Street	The Dane	Salme- stone	St. Austin's	Holy Trinity	St. James's
Number of Children Inspected ..	115		180	170		138	95
Number of Children with Sound Teeth ..	36		51	59		30	28
Parents declined Treatment	24		32	22		18	15
Number of Children Treated	55		97	89		90	52
Total Number of Teeth Examined, consisting of—	2260		3827	3671		2422	1980
Sound Temporary Teeth	780		1275	1015		826	707
Savable Temporary Teeth	170		216	221		167	160
Unsavable Temporary Teeth	81		149	100		101	69
Sound Permanent Teeth	1162		2139	2245		1275	1029
Savable Permanent Teeth	38		32	35		29	9
Unsavable Permanent Teeth	29		16	20		24	6
Work Done—							
Temporary Teeth Extracted	121		109	86		94	33
Permanent Teeth Extracted	14		9	6		11	1
Temporary Teeth Filled	84		97	85		113	34
Permanent Teeth Filled	18		16	19		21	9
Dressings A _s No. 3	58		79	85		43	56
Number of Anæsthetics given...	4		6	2		3	0

SPECIAL CASES—ALL SCHOOLS.

Number of Special Cases Treated	494
Number of Anæsthetics given	61
Temporary Teeth Extracted under Anæsthetic	21
Permanent Teeth Extracted under Anæsthetic	109
Temporary Teeth Extracted without Anæsthetic	401
Permanent Teeth Extracted without Anæsthetic	71
Fillings in Permanent Teeth	83

THE SCHOOL CLINIC.

SPECIAL CASES EXAMINED AT THE SCHOOL CLINIC:—

NATURE OF DEFECT.	No. of CHILDREN.	
	BOYS.	Girls.
Defective Vision	8	5
Scabies	19	13
Boils	3	—
Hernia	1	1
Chilblains	4	5
Ringworm (Body)	5	11
Ringworm (Head)	6	25
Otorrhœa	3	5
Blepharitis	3	5
Conjunctivitis	3	4
Impetigo	10	7
Septic Sores	12	6
Mentally Defective	1	—
Anæmia	5	6
Septic Throats	4	8
Bronchial Catarrh	2	3
Rheumatism	1	1
Cervical Glands	4	6
Tonsilitis	3	4
Eczema	—	2
Burns	—	1
Abscesses	4	2
Painful Swollen Breast	—	2
Deafness	5	4
Cyst (Hand)	1	—
Total	107	126
Operations (Adenoids and Enlarged Tonsils)	16	19

In addition all children who had suffered from Scarlet Fever and Diphtheria, before going to School.

Cases of minor ailments treated at the School Clinic:—

NATURE OF DEFECT.	NO. OF CHILDREN.		
	BOYS.	GIRLS.	
External Eye Disease ...	6	9	
Ulcerated Leg ...	—	1	
Ulcerated Nose ...	2	—	
Otorrhœa ...	3	5	
Ringworm ...	11	36	
Scabies ...	12	10	
Impetigo ...	16	19	
Septic Sores ...	42	53	
Accidents (Cuts) ...	18	6	
Ear Obstruction ...	5	4	
Chilblains ...	4	5	
Abscesses ...	4	2	
Painful Breast ...	—	2	
Cyst ...	1	—	
Eczema ...	—	2	
Burns ...	—	1	
Boils ...	6	4	
Tonsilitis ...	4	2	
Total ...	124	161	

Registered number of visits by children to Clinic for treatment, 2,761.

SCHOOL CLINIC FUND.

	Girls.	Boys.
Surgical Boots mended ...	2	—
Spinal Chairs lent ...	6	6
Cod Liver Oil ...	12	4
Parrishes' Food ...	17	12
Cod Liver Oil and Malt ...	17	20
Milk ...	5	4
Clothing ...	—	2
Dr. Peete's Tickets ...	...

I cannot speak too highly in praise of the fund for providing gratuitous treatment to necessitous ailing children. They were given either chemical food, cod liver oil, or milk, whichever was considered necessary, and they were kept under observation and treatment until quite well. The Committee, I am sure, will concur with me in expressing my warmest thanks to Dr. Peete's, the Philanthropic and Mickleburgh Charities for their generous contributions, without which it would be impossible to carry on the good work, and these children would either have to get on as best they could or seek parish relief, and the parents were not of the class one would like to see pauperised.

TABLE I.
Number of Children Inspected
during 1918.

A. "CODE" GROUPS.

Age.	Entrants.						Total.
	3	4	5	6	Other Ages.		
BOYS	4	48	67	40	5	164	
GIRLS	1	43	79	47	2	172	
<i>Totals</i>	5	91	146	87	7	336	

Age.	Intermediate Group.		Leavers.				Grand Total.
	8	12	13	14	Other Ages.	Total	
BOYS	134	127			2	263	427
GIRLS	129	110			—	239	411
<i>Totals</i>	263	237			2	502	838

B. GROUPS OTHER THAN "CODE."

(1)	Intermediate Group (other than 8 years).	Special Cases.*	Re-Examinations (i.e. No. of Children Re-Examined),
BOYS	—	169	169
GIRLS	—	196	186
<i>Totals</i> ..	—	365	355

* Special cases were examined as follows :—

223 at the School Clinic.

62 at the Schools.

45 Verminous Children at the School Clinic.

35 Employed children at the Schools.

TABLE II.

Return of Defects found in the course of Medical Inspection in 1918.

Defect or Disease.		Code Groups.		Specials.	
		(1)	(2)	(3)	(4)
	Malnutrition ...	9	...	...	...
	Uncleanliness ;				
	Head ...	47	...	45	...
	Body ...	4	...	...	...
Skin	Ringworm :				
	Head ...	1	...	31	...
	Body ...	...	...	16	...
	Scabies ...	2	...	32	...
	Other Disease ...	2	...	2	...
	Impetigo ...	3	...	17	...
	Defective Vision and Squint	34	...	19	...
Eye	External Eye Disease ...	3	...	15	...
	Defective Hearing ...	63	...	9	...
Ear	Ear Disease ...	2	...	8	...
	Dental Disease (see Report of School Dentist).	216	...	...	...
Nose and	Enlarged Tonsils ...	5	77	2	...
	Adenoids ...	10	16	4	...
Throat	Enlarged Tonsils and Adenoids	15	...	6	...
	Defective Speech ...	12	...	...	...
Heart and	Heart Disease ;				
	Organic ...	10	...	...	...
	Functional ...	...	...	...	...
Circula- tion	Anæmia ...	12	...	11	...
	Pulmonary Tuberculosis :				
Lungs	Definite ...	1	...	...	...
	Suspected ...	1	...	...	...
	Chronic Bronchitis ...	5	...	4	...
	Other Disease ...	1	...	...	...
Nervous System	Epilepsy ...	2	...	...	...
	Chorea ...	1	...	...	...
	Other Disease ...	...	...	...	...
Non-Pulmonary Tuberculosis :					
	Glands ...	14	...	10	...
	Bones and Joints ...	...	...	...	...
	Other Forms ...	...	...	...	...
	Rickets ...	1	...	...	...
	Deformities ...	6	...	...	...
	Other Defects or Diseases ...	10	...	65	...
	No Obvious Disease ...	...	...	69	...

TABLE III.

Numerical Return of all Exceptional Children in the Area in 1918.

			Boys	Girls	Total
Blind (including partially Blind)		Attending Public Elementary Schools Attending Certified Schools for the Blind Not at School ... ...	... ... 1	... ... ...	... ... 1
Deaf and Dumb (including partially Deaf)		Attending Public Elementary Schools Attending Certified Schools for the Deaf Not at School ...	... ... ...	... 2 ...	... 2 ...
Mentally Deficient.	Feeble Minded	Attending Public Elementary Schools Attending Certified Schools for Mentally Defective Children Notified to the Local (Control) Authority during the Year Not at School ...	... 2 1	... ... ...	... 2 1
	Imbeciles	At School Not at School ...	......	......	......
	Idiots	... ... ... ...	...	...	...
Epileptics		Attending Public Elementary Schools Attending Certified Schools for Epileptics Not at School ...	... ... ...	4 2 1	4 2 1
Physically Defective.	Pulmonary Tuberculosis	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children Not at School ...	... ... 1	... ... ...	... ... 1
	Other Forms of Tuberculosis Cervical Glands.	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children Not at School ...	1 ... 1	1 ... 1	2 ... 2
	Cripples other than Tubercular	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children Not at School ...	.........	.........	.........
* Dull or Backward		Retarded 2 years Retarded 3 years	58 10	39 9	97 19

* Judged according to age and standard.

TABLE IV.
Treatment of Defects of Children during 1918.

CONDITION.	No. of Defects found for which Treatment was considered necessary.		Defects for which no report is available.	No. of Defects Treated.	Results of Treatment.			Percentage of Defects Treated.
	From previous year.	New.			Remedied.	Improved.	Unchanged.	
Clothing	None	3	3	3	...	100%
Footgear	None	13	13	13	...	100%
Cleanliness of Head	None	92	92	92	...	100%
Cleanliness of Body	None	4	4	4	...	100%
Nutrition	None	39	9	48	...	100%
Nose and Throat	None	42	42	48	...	83%
External Eye Disease	None	18	18	35	...	100%
Ear Disease	None	2	10	18	...	100%
*Teeth	None	216	216	216	...	100%
Heart and Circulation	None	33	33	33	...	100%
Lungs	None	12	12	12	...	100%
Nervous System	None	2	3	5	...	100%
Skin and Ringworm	None	106	106	106	...	100%
Rickets	None	1	1	1	...	100%
Deformities	None	3	6	9	...	100%
Tuberculosis Non-pulmonary	None	24	24	24	...	100%
Speech	None	12	12	12	...	100%
Mental Condition	None	12	12	12	...	100%
Vision and Squint	None	53	53	53	...	100%
Hearing	None	72	72	72	...	100%
Miscellaneous	None	62	62	62	...	100%
Total		46	801	847	...	...
					816	733	64	19
							1.	

* See Report of School Dentist.

TABLE V.**Inspection, Treatment, &c., of Children during 1918.**

(1) The total number of Children Medically Inspected (whether Code Group, special or ailing child) ...	1,203
(2) The number of Children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	93
(3) The number of Children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	689
(4) The number of Children in (3) who received treat- ment for one or more defects (excluding unclean- liness, defective clothing, etc.)	682